

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23409

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3153

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Kaw</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>4 Yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp #1</u>		d. STREET ADDRESS (If rural, give location) <u>548 Main St K.C.</u>	

3. NAME OF DECEASED (Type or Print) <u>Winfred</u>	a. (First)	b. (Middle) <u>Bugg</u>	c. (Last) <u>Grisham</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 20th 1949</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 3rd 1903</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>	IF UNDER 4 WKS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown Steel Metal Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Rogersville Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Solon Grisham</u>	13b. MOTHER'S MAIDEN NAME <u>Odice Pierce</u>	14. NAME OF HUSBAND OR WIFE <u>Ariette Grisham</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>408-10-3242</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Winfred Grisham</u>	ADDRESS <u>Rogersville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>				
*This does not mean the mode of dying, such as heart failure, asthma; etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		DUE TO (b) <u>Sub-dural Hematoma</u>		
		DUE TO (c) <u>Injury By Fall</u>		
		II. OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Deputy Coroner</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public place, etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 19 49</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on street</u> <u>123</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:12 P., from the causes and on the date stated above.

23a. SIGNATURE <u>A.E. Upsher MD</u>	(Degree or title)	23b. ADDRESS <u>2800 Main</u>	23c. DATE SIGNED <u>7/21/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 21st</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Rogersville Alabama</u>
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DATE REC'D BY LOCAL REG <u>7-21-49</u>	REGISTRAR'S SIGNATURE <u>Seraphine Helms</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll Chidson</u>	ADDRESS <u>3024 Road</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 1715

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.